



Family Advocacy Program (FAP)

DSN: 354-6933 CIV: 09721-96-6933

How can we improve?

Thank you for taking the time to complete our survey. This information will be used to plan Schweinfurt Family Advocacy Program classes / workshops and participants may remain anonymous.

Background information:

Gender

- ☐ Male
☐ Female

Age

- ☐ 18-25
☐ 26-35
☐ 36+

What is your marital status?

- ☐ Single
☐ Married
☐ Divorced
☐ Widowed

Children

- ☐ 0-3 How Many _____
☐ 04-12 How Many _____
☐ 13-18 How Many _____

How long have you been in the USAG Schweinfurt community?

- ☐ 0-6 months
☐ 6 months -1 year
☐ More than 1 year

Where was your spouse born?

- ☐ In the United States.
☐ Outside of the United States

For training /workshop /ACS services which is your primary language?

- ☐ English
☐ German
☐ Spanish
☐ Other

Do you have COMMAND Sponsorship?

- ☐ Yes
☐ No

What is your sponsor's military status?

- ☐ E1-E4
☐ E5-E6
☐ E7-E9
☐ W1-W5
☐ 01-03
☐ 04-06
☐ Civilian
☐ Retiree
☐ Family Member

What is your military status?

- ☐ Active Duty Member
☐ Dual Military (you and spouse both military)
☐ Family Member
☐ Retired Military
☐ Other (Specify) _____

Are you or your spouse pregnant?

- ☐ Yes
☐ No

Are any household members enrolled in the Exceptional Family Member Program (EFMP)

- ☐ Yes
☐ No

Is your spouse deployed?

- ☐ Yes
☐ No

Would you be interested in learning about Personal Financial Readiness & Money Management?

- ☐ Yes
☐ No

Would you be interested in learning about FREE/Reduced School Lunch Program?

- ☐ Yes
☐ No

Continued on next page.

Where is your primary residence in the Schweinfurt community?

- ☐ On Post Family Housing
- ☐ ON Post (Barracks)
- ☐ Off Post (Rent)
- ☐ Off Post (Own)
- ☐ Leased Housing

If you live off post, how far from USAG Schweinfurt do you live?

- ☐ Does not apply, I live on post
- ☐ Less than 6 miles
- ☐ 7-15 miles
- ☐ Greater than 15 miles

Which of the Following Family Advocacy Program classes have you attended or interest you? (Check all that apply)

- ☐ Birth 'n Babies 1 & 2
- ☐ Daddy Basic Training
- ☐ OB Orientation
- ☐ Playmorning
- ☐ Time Management
- ☐ Anger or Stress Management
- ☐ Toddler Classes
- ☐ Becoming a Love & Logic Parent
- ☐ Couples Communications
- ☐ Sexual Assault Prevention Risk Reduction

What prevents your attendance at ACS trainings/classes or workshops.

- ☐ Childcare issues
- ☐ Transportation
- ☐ Physical disability
- ☐ Not interested
- ☐ Doesn't fit my schedule due to (Naps, Meal times, Work, etc)

What would you consider an ideal time for ACS sponsored trainings/class/ or workshops?

- ☐ 0900-1100
- ☐ 1200-1300
- ☐ 1300-1600
- ☐ 1700-1900
- ☐ My ideal time is _____

What services or programs would you like to see offered by Family Advocacy Program?

- ☐ Self-esteem issues
- ☐ Stress management during deployments
- ☐ Grief & loss
- ☐ Support groups
- ☐ Other _____
- _____
- _____
- _____

Additional Comments

About You (optional)

Name _____ E-mail _____

Address _____ Phone _____

City, State, ZIP _____

Code _____

Thank you for your participation!